Approved for use through 7/51/2018, OMB 0851-7055 Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number MULTIPLE DEPENDENT CLAIM Filing Date FEE CALCULATION SHEET Substitute for Form PTQ-1860 May be used for additional dalms or amendments CLAME AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT Indep Depend Depend Indep Depend Depend Indep -52 88 69 60 67 68 69 75 85 86 87 38 88 89 30 40 41 90 91 92 93 94 95 46 96 97 98 48 50 89 100 Total Total Indep Indep Total Tolal Depend Dapend Total Claims

This collection of information is required by 37 CFR 1.18. The Information to required to the information is required by 37 CFR 1.18. The Information to required to the Information is required by the second of the Information is required by the Informat This collection of information is required by 37 CPR-1.16. The Information is required by abbuttacontain a limit by the ratio white is an election of information of inform